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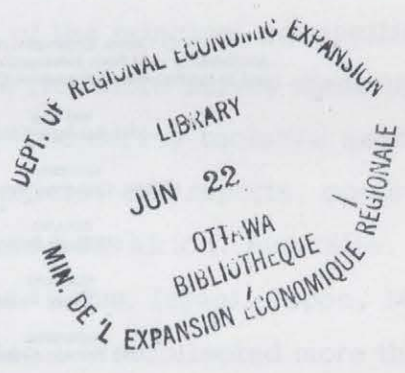
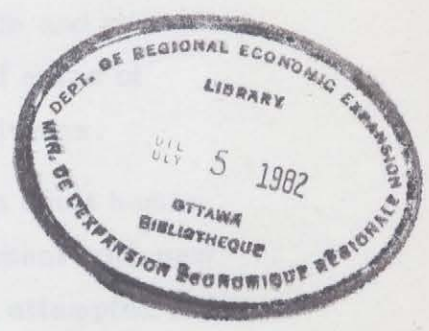
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COUNSELLING ;

SELECTED DEFINITIONS

AND

REFERENCES



Ottawa, 1971

Maurice Saulnier

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Ottawa, 1971

PREFACE

We prepared this handbook as a ready reference for counsellors in Canada NewStart, an experimental program designed to seek solutions to problems of disadvantaged areas. The main objective of NewStart is to develop, through action research, methods and programs that may be effective in helping to motivate and prepare unemployed and underemployed adults to take advantage of opportunities for stable and rewarding employment. Six NewStart Corporations operate in selected areas of Canada, three in the prairie provinces and three in the Maritimes.

Recognizing the importance of counselling in adult human resource development, we believe there is a need to experiment with new methods and to be innovative with existing ones. We have attempted to bring together selected definitions of the principal counselling methods that we identified from an intensive literature survey made by Paul Girard, under contract to this Department. The survey included nearly 200 professional journals, bulletins, pamphlets, and reports, covering the period 1963 to 1969. Authors included were from Africa, Australia, Britain, Canada, France, Germany, Holland, India, Israel, Japan, Mexico, Russia, Spain, and the United States. We collected more than 800 abstracts concerned with counselling from which we selected those considered most useful to NewStart counsellors, both professionals and nonprofessionals.

Thirty-one methods of counselling are defined in simple and meaningful terms. Each definition is followed by selected references. Section I defines specific counselling methods with references, Section II

deals with Counselling-General, Section III with Counselling-Research and Section IV, Counselling-Theory.

We acknowledge that some recent techniques, such as mind expanding drugs and other controversial therapeutic methods, are not included because we recognize that the NewStart program could not provide the proper milieu to experiment with these. We hope, however, that the counsellors in NewStart will depart from the traditional and experiment with the variety of techniques listed in this handbook and perhaps with others, unlisted. The user of this handbook may know of additional methods or may discover new ones. That is the hope of Canada NewStart.

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COUNSELLING

Counselling as a specialized service aims to provide guidance and support to persons who have encountered some problem in social functioning or who are facing new life situations that require a shift in their roles and responsibilities. Counselling services are available to persons who have such diverse problems as marital conflict, behavior difficulties of children, unemployment, delinquency, alcoholism, and so forth. They are also provided on a preventive basis to persons who are seeking guidance before critical problems arise. Both types of counselling are given by persons trained in any one of a number of professional fields.

At first glance, there appears to be no common denominator in these various counselling efforts, and one might, therefore, assume that the counsellor's skill would derive from his knowledge about a specific area of social functioning. Although specialized knowledge is essential for counselling in a particular field, it constitutes only one part of the counsellor's equipment. In addition, he must have sufficient psychological knowledge to be able to understand the emotional needs and reactions of the person seeking help or guidance. Both the social and psychological factors in the individual's adjustment problems must be understood and, in the counselling process, these two components must be appropriately related to each other.

Cora Kasius,
"Principles of counseling" in
Handbook of Counseling
Techniques, Harms, ed., 1963

AMICATHERAPY

Amicotherapy is described as a form of therapeutic intervention whereby laymen volunteers relate in sustained friendship roles to troubled and disturbed persons under the guidance and supervision of professionals. Amicotherapy is differentiated from psychotherapy in terms of its rationale and practice, and is placed among the milieu therapies.

Abstracted from "Amicotherapy: Theoretical perspectives and an example of practice" by Wm. E. Mitchell in Community Mental Health Journal, 1966

AMICATHERAPY

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2. Mitchell, Wm. E. "Amicotherapy: Theoretical perspectives and an example of practice." Community Mental Health Journal, 1966, 2(4), 307-314.

ANALYTICAL THERAPY

Analytical psychology ... is identified with the work of Carl Gustav Jung, who founded it. It is an attempt to expand Freudian psychology, from which it developed. ... Jung uses the Freudian term "libido", ... (he) sees it as the product of the tension between conscious and unconscious. For Jung, energy flows ceaselessly between these two poles and manifests itself in every activity, including sexual activity. It is not composed of part instincts but is unitary, neutral, ever the same. ... For Jung ... pleasure can result from any activity. Sucking and eating are pleasureable, but these pleasures have no necessary connection with sexual pleasure. The Oedipus complex, ... in Jung's thinking becomes a name for the child's desire for food and protection, which orients him toward the mother. The prohibition of incest, far from being the sign of a repressed universal urge, is for Jung only the expression of the fact that daily companionship from childhood on does not make for powerful sexual attraction. Infantile repression can be merely a sign of the child's biological immaturity and not necessarily a sign that instinctive forces are threatening from the unconscious. Indeed, even in his early writings, he asserts that the cause of neurosis is not to be found in such repression. Neurosis may be the result of man's inability to face his life task here and now; and out of inertia he turns his life force (libido) back to the past (regression) instead of using it to cope with the difficulties of the present. As for the unconscious Jung stresses its complementary function. For Freud, the "primary process" provides in fantasy the desired fulfillment of a wish: for Jung, fantasy serves to draw attention to significant inner realities.

Magda B. Arnold in
International Encyclopedia of
the Social Sciences, 1968

"Analysis is a learning process and a reality-testing process."

A basic psychoanalytic technique involves the exploration of the patient's childhood attitudes, shame, guilt, anxiety, dependence and erotism. Free association, transference and dreams provide material for interpretation. Interpretations are seen to be most effective when they are "dosed" according to the patient's ability to accept them. Critical decisions should be avoided during analysis. The technique of psychoanalysis involves the overall uncovering of the trauma that retarded the learning process. The personality is then re-synthesized.

Abstracted by B.A. Stanton
from Miller, M. "Techniques
of psychoanalysis." In
Psychotherapy and
Psychosomatics, 1967

ANALYTICAL THERAPY

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ART THERAPY

Art therapy offers a non-verbal mode of relating to patients through their work.

Elinor Ulman in Bulletin of Art Therapy, 1966

Family art therapy originated as a natural development of the already well established technique of analytically oriented art therapy. With new theoretical development and concepts in psychiatry, the use of art in psychotherapy and research naturally follows and adjusts to the ideologies and goals of different schools of thought. At the National Institute of Mental Health, . . . art therapy was initially conducted with patients individually. Occasional unscheduled participation of visiting family members led to new and promising avenues for further exploration. Therefore, all members of the family were included in the sessions and family art therapy became an integral part of the program.

Hanna Yaxa Kwiatkowska,
"Family art therapy" in Family Process, 1967

ART THERAPY

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ASSOCIATED PAIRS THERAPY
(Partnership Therapy)

Precedence for partnership therapy includes group psychotherapy, conjoint family therapy, multiple therapy (more than one therapist working with one client), and marital counseling. The option of participation in partnership therapy is up to the client who may later elect individual sessions. Partners (clients paired by the therapist on the basis of age, academic level, range of intelligence, degree of sophistication, and value systems) may interact or talk directly to the therapist who controls length of talk. Client benefits are derived from interaction with, and acceptance by, a peer in a protected environment.

Abstracted by M.D. Franzoni
from "Partnership therapy: A
new technique" by Ben C.
Finney, and Norma D. Crockett
in Psychotherapy: Theory,
Research and Practice, 1965

ASSOCIATED PAIRS THERAPY

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AVERSION THERAPY

Aversion therapy . . . induces a state of mind in which attention to an object is coupled with repugnance and a desire to turn away from it. It can be produced by drugs and electric shock. It can also be induced by a technique of verbal conditioning - that is bringing about a new relationship between an aversive stimulus and an undesirable response by the use of words.

On presentation of the aversive stimuli, undesirable behaviour is punished. When the undesirable behaviour (response) becomes infrequent or disappears, the repugnant stimuli are reduced or terminated.

Adapted from Santokh S. Anant
in Canadian Psychologist,
1967 and Michael J. Raymond
in Mental Health, 1967

AVERSION THERAPY

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BEHAVIOUR THERAPY

Today many psychotherapists are advancing the view that behavior that is harmful to the individual or departs widely from accepted social and ethical norms should be viewed not as some kind of disease but as a way - which the person has learned - of coping with environmental demands. Treatment then becomes a problem in "social learning". . . . behavioral therapies apply to the full range of psychological events: attitudinal and emotional as well as motor. Some forms of behavioral therapy bring about major changes in people's actions by modifying their emotional responses: on the other hand enduring changes in attitude can be most successfully effected through modifications in overt behavior. . . . almost any learning outcome that results from direct experience can also come about on a vicarious basis through observation of other people's behavior and its consequences for them. . . . providing an appropriate "model" may accelerate the learning process, and one method of social-learning therapy is therefore based on modeling the desired behavior. . . . Role enactment is a form of therapy for adults who want to develop new personality characteristics. The client is provided with a personality sketch and given demonstrations of the desired behavior; he then has opportunities to practice the new patterns in a protected therapeutic situation before being encouraged to apply them as he goes about his everyday life.

Albert Bandura, "Behavioral psychotherapy" in Scientific American, 1967

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BRIEF THERAPY

A fifteen minute therapeutic psychiatric session is recommended ... as being "entirely sufficient for many patients who are relatively poor candidates for exploratory psychotherapy" and as an "acceptable though limited" alternative for some patients who would otherwise receive longer treatment sessions.

Abstracted by N.H. Pronko from
Harvey H. Barten, "The 15-
minute hour: Brief therapy in a
military setting" in American
Journal of Psychiatry, 1965

BRIEF THERAPY

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CLIENT-CENTERED THERAPY

Client-centered counseling and psychotherapy ... can be dated rather precisely to December, 1940, when Carl R. Rogers, its leading exponent, presented a paper at the University of Minnesota on the attitude and orientation of the counselor. According to Rogers, the counselor was not to guide or to reassure or support; he was not to interpret and was not to use an entire armamentarium of what were labeled 'directive' standard techniques. ... It was recommended instead that the therapist stress what were called non-directive techniques, responding directly to the present, expressed attitudes of the client (reflection of feeling), and that the therapist convey his unequivocal respect for and acceptance of the client as he presented himself in the immediate present.

Rogers postulated that when the therapist demonstrates acceptance and permissiveness and shows understanding of the client's expressed attitudes and feelings, a process of personal change in the client would occur, in which the following stages could be observed: release of expression, achievement of insight and development of capacities for making choices and of acting on the choices made.

John Butler in International Encyclopedia of the Social Sciences, 1968

CLIENT CENTERED THERAPY

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In Walter D. Nunokawa, ed. Readings in Abnormal Psychology: Human Values and Abnormal Behaviour. Chicago: Scott Foresman, 1965, 84-92.

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COMBINED THERAPY

Indications for the use of individual and group psychotherapy can be relatively well delineated during the initial and terminal phases of psychotherapy. The format of individual therapy is particularly appropriate for achieving the major therapeutic aims of the initial phases: forming a working relationship, training the patient to be a patient, motivating him toward further explorations of his personality, and providing the foundation of trust and confidence which will be indispensable later on when the anxiety which attends all personality reorganization emerges. The format of group therapy, on the other hand, is especially effective in resolving problems of the terminal phases. The patient who is in a group during the terminal phases has already shifted much of his dependency from the therapist to other patients in the group or to the group as a whole. He has seen other patients face and work through their separation anxieties. He has had the experience of participating in a give-and-take peer relationship that much more closely approximates his outside interpersonal relationships than does the predominantly hierarchical relationship of individual therapy, and both he and the therapist have benefited from the opinions of other group members as to his readiness for termination.

Marvin L. Aronson, "Technical problems in combined therapy" in The International Journal of Group Psychotherapy, 1964

COMBINED THERAPY

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CONJOINT THERAPY

Conjoint therapy has achieved striking improvement in situations where individual psychodynamically oriented treatment had not produced the desired results. Conjoint interviews are used with married couples and in parent-child sessions. The objective of conjoint therapy is to change the equilibrium between the clients which in turn is expected to dissipate the symptoms. The therapist or therapists (co-team) aim to help the clients to look at their mutual interaction, their way of understanding or misunderstanding each other. The meanings of verbal and non-verbal behavior of both clients are interpreted and the symptoms are viewed as a way of communicating stresses in the relationship. The treatment approach is to focus primarily upon the here and now of the husband-wife or parent-child relationship.

Summarized from Asher Hoek
and Shlomo Wollstein in
"Conjoint psychotherapy of
married couples: A clinical
report" in The International
Journal of Social Psychiatry,
1966

CONJOINT THERAPY

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CO-THERAPY TEAM

[Group therapy may be] conducted in outpatient clinics, private offices, social agencies, mental hospitals and correctional institutions. Leaders are characteristically psychiatrists, psychologists, ... social workers or ministers. Some groups are conducted by their own members, without professional guidance. Most forms have a single leader, often with an observer to record what occurs; but some have co-therapists - usually a man and a woman - who try to take different functional roles such as "father" and "mother".

Jerome D. Frank in International Encyclopedia of the Social Sciences, 1968

... placing two therapists at the disposal of a couple facilitates the voicing of conflict, since each client knows he will receive support from the therapist he has established rapport with in individual intake sessions.

Hoek and Wollstein. "Conjoint psychotherapy of married couples: A clinical report." In International Journal of Social Psychiatry, 1966

CO-THERAPY TEAM

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DANCE THERAPY

Dance therapy began at Saint Elizabeths Hospital, Washington, D.C., on a volunteer basis, as early as 1942. . . . The dance is accepted as so integral a part of this hospital's therapeutic program, that Saint Elizabeths would appear to be the logical setting for the first experimental study in this area. The dance therapy sessions as ordinarily conducted . . . do not follow a stereotyped routine, but rather are governed by the responses of the individuals and the group.

The sessions begin with simple arm, leg and body swings and stretches. These are performed in unison by the patients and leader, while they are in circular formation. As the individual's muscles become more relaxed, spontaneous movement, which the leader attempts to follow, develops within the group. It is believed that this stimulates the ability of the individuals to become involved in group interaction.

The medium used in dance therapy is the body itself and part of the therapeutic process lies in increasing the individual's awareness of his body and his ability to use it as a means of expression and communication. It would seem, therefore, that projective drawings, which are believed to reflect the individual's concept of his own body image, would be an appropriate criterion by which to measure changes resulting from dance therapy. It was believed that the use and awareness of the body, which dance therapy is believed to modify, would produce a change in body image and might well be reflected in the drawings in such things as attention to detail, proportion, size, movement, sexual differentiation, and social characteristics.

Helen J. Christrup, "The effect of dance therapy on the concept of body image" in The Psychiatric Quarterly Supplement, 1962

DANCE THERAPY

PERIODICALS

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ECLECTIC THERAPY

Eclectic therapy or counselling uses the most appropriate technique for the case in hand. This is a judgement made by the counselor whether to use a directive or non-directive approach. The needs of the client determine the technique to be used. Under certain circumstances the counsellor may shift his approach from the directive to the non-directive, or vice versa, even within a single interview. In highly emotional situations a non-directive approach is generally indicated and should be continued until the major emotion-creating elements are reduced or eliminated. The eclectic counselor will normally avoid imposing a diagnosis. Instead he will work with the client assisting him to make his own diagnosis. He uses tests, referrals, records and follow-up only when they are essential to the welfare of the client and the solution of his problem. He may even use persuasion if he believes the considered action is in the best interest of the client. The eclectic counselor amasses only such data and uses only such procedures as he feels reasonably certain will be effective in carrying out his program.

Summarized from The Guidance Worker by Auld and Stein, 1965

EMERGENCY PSYCHOTHERAPY

In emergency psychotherapy the patient achieves some immediate relief and needless suffering and post-traumatic reactions can be averted. Partial abreaction (catharsis) is all that is possible in the emergency interview but the insight gained is none the less valuable. The principles of emergency psychotherapy are derived from the present body of psychoanalytic knowledge.

Abstracted by D. Prager from
"Emergency psychotherapy: A
crucial need" by Hattie
Rosenthal in Psychoanalytic
Review, 1965

EMERGENCY PSYCHOTHERAPY

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EXISTENTIAL THERAPY

The word existentialism . . . is thought of as that which aims at bridging the gap between the objective world and the subjective world. Existential psychotherapy lays great emphasis on the "here and now", fullness of the present experience, qualities rather than quantities, content rather than causal relationships, the subjective awareness and appreciation of choice, freedom and the human need for meaningfulness. The existential psychotherapist ultimately wishes to help the patient to explore and realize his existence.

Abstracted by J.E. Smith from
"What is existential
psychotherapy?" by Julius E.
Heuscher in Review of
Existential Psychology &
Psychiatry, 1964

Existential psychology is a comprehensive psychology whose aim is the integration of the observations of differential psychologies into an explanatory theory about human behavior in its lived intentional entirety. . . . the existential approach is thus dynamic in the fundamental sense that it takes the person always as emerging, always in the process of becoming. [Existentialists] emphasize . . . that man exists as a subject and object at the same time. . . . Every act of consciousness is consciousness of something; that is, it has its objective as well as its subjective pole. Consciousness is an active process; the man who is doing the experiencing and the objective world which is the object of consciousness can never be separated.

[Binswanger sees existential] therapy as a process of assisting man in his ability to structure his world and . . . the therapists' orientation [as] toward encounter with, and understanding of, the whole

person ... one of the major contributions of existential thought is its recognition of anxiety as an ontological condition of existence.

Rollo May and Sabert Basecu in
The International Encyclopedia
of Social Sciences, 1968

EXISTENTIAL THERAPY

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FAMILY THERAPY

[Family psychotherapy] is a method of therapeutic intervention on the emotional processes of a natural living unit, the family entity, viewed as an integrated behavior system. The treatment interview is conducted usually with father, mother and children but can include other persons who have a functional participant role in the ongoing life of the family group, for example, grandparents, aunts, uncles, a maid, or even a homemaker. In essence, the interview unit comprises all those persons who share the identity of family and whose behavior is influenced by the circular interchange of emotion within the group. The therapist initiates the treatment process with the entire group but may, as his clinical judgment dictates, excuse the children and concentrate on the marital and parental pair or on a parent-child pair. But at a moment of his own choosing he returns to pursue the interview with the entire group. The psychotherapy of the whole family points its influence to those foci of disturbance which reflect the circular influence of interpersonal and intrapersonal conflict. Its techniques are oriented to the ongoing relations between the individual and his family as these affect emotional health. . . . A true psychotherapy of the family intervenes on the family as an organismic whole.

Nathan W. Ackerman in "Family psychotherapy today: Some areas of controversy." In Comprehensive Psychiatry, 1966

FAMILY THERAPY

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FILIAL THERAPY

Filial therapy involves training parents, in groups of six to eight, to conduct play sessions with their emotionally disturbed young children, using an orientation and methodology modeled after client-centered play therapy. After training, the parents conduct their play sessions at home, while continuing their weekly group meetings. Parents' sessions with their therapist begin with discussion of the play sessions, but may extend to any other areas that are emotionally relevant. Preliminary experience . . . suggests that this type of method is deserving of further exploration as a method of increasing leverage of professional resources, and as a tool for gaining further insight into children's fantasy and parent-client relationships.

Abstracted from Bernard Guerney,
Jr. in Journal of Consulting
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FILIAL THERAPY

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GESTALT THERAPY

The gestalt movement introduced a new approach to the treatment of psychological facts The earliest contributions of gestalt psychology were concerned mainly with problems of perception. Subsequently, its investigations extended to the areas of thinking, memory, and learning, and more recently, to social psychology and the psychology of art As its investigations came to include new areas, gestalt theory stood revealed as a systematic orientation within psychology. Gestalt theory was the first attempt within psychology to give a fundamental treatment to problems of wholes and part-whole relations Its contributions laid the foundations for the modern study of perception; it broke new ground in the investigation of thinking, memory, and learning.

Solomon Asch in The International Encyclopedia of the Social Sciences, 1968

The chief tenet of the Gestalt approach is that analysis of parts, however thorough, cannot provide an understanding of the whole. . . . The whole may have attributes that require a certain place, role and function for each part in the whole; these attributes are not deducible from analysis of the parts in isolation.

A whole that is a Gestalt is not simply the sum of its parts.

In a Gestalt, the nature of the parts is required by the characteristics of the whole, and the parts are fused and interdependent, interacting in a specific structural manner Parts of a Gestalt have no meaningful identity independent of their place, role, and function in the whole.

Encyclopedia Britannica, 1967

GESTALT THERAPY

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GROUP THERAPY

Group psychotherapies are based on the recognition that, with proper guidance, certain types of persons with psychiatric disorders can help each other. In all forms of group therapy, patients and a therapist repeatedly meet to conduct certain activities within the framework of a special group structure and code. Their emotionally charged interactions with the leader and with each other may help to correct their faulty communication behavior and their distorted perceptions of themselves and others, leading to improved social and personal functioning and to relief of psychic distress.

... Group therapies exploit the universal human tendency to validate subjective experiences by comparing them with experiences of other persons who are perceived as similar.

Jerome D. Frank in The International Encyclopedia of the Social Sciences, 1968

GROUP THERAPY

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HYPNOSIS

Hypnosis . . . can best be described as an altered state of awareness characteristically accompanied by increased suggestibility, which is brought about in some individuals, the subjects, through the use of certain procedures by another person, the hypnotist. Characteristically, this hypersuggestibility is initially selective, that is, the subject responds only to the hypnotist until told to do otherwise. By and large this has become the most widely accepted popular and scientific meaning of the term "hypnosis" as a concept.

Typically, an individual, the subject, is asked by another person, the hypnotist, to gaze intensely at a small, bright object held in front of, at some distance from, and somewhat above the eyes. While the subject does this, the hypnotist tells him in a repetitious manner that he is becoming relaxed and drowsy; that his eyes are getting heavy and closing; that he is falling asleep; and, eventually, that he is asleep. An onlooker usually sees, especially if the subject is sitting, clear evidence of increasing relaxation; and eventually the subject does appear to fall asleep. However, in contrast to a person who is normally asleep, the subject seems to be selectively in sensory contact with the hypnotist and with him alone, and in general to be selectively and unusually able and willing to carry out all commands, requests, or suggestions of the hypnotist, no matter how unusual and even outlandish these may be. In consequence the subject is said to be in a selective rapport with and selectively hypersuggestible to the hypnotist. The subject's behavior most closely resembles that of the sleepwalker or somnambule, hence the alternate designation of artificial or induced somnambulism which has been given to hypnosis as thus conceived.

International Encyclopedia of
the Social Sciences, 1968

HYPNOSIS

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INDIVIDUAL THERAPY

The format of individual therapy is particularly appropriate for achieving the major therapeutic aims of the initial phases: forming a working relationship, training the patient to be a patient, motivating him toward further explorations of his personality, and providing the foundation of trust and confidence which will be indispensable later on when the anxiety which attends all personality reorganization emerges. . . . individual therapy (1) enables the therapist to observe the patient's repressed, emotionally charged images and automatic unconscious reactions thereto, in greater detail than in group therapy and (2) it allows the therapist better control of his therapeutic interventions.

Summarized from "Technical problems in combined therapy" by Marvin L. Aronson in The International Journal of Group Psychotherapy, 1964

INDIVIDUAL THERAPY

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LOGOTHERAPY

Logos is a Greek word that denotes 'meaning'. Logotherapy ... focuses on the meaning of human existence as well as on man's search for such a meaning. According to logotherapy, the striving to find a meaning in one's life is the primary motivational force in man.

Viktor E. Frankl in Man's Search for Meaning, 1963

Frankl, the originator of logotherapy, says that the most fundamental of all human strivings [is] the search for the meaning of life, or at least for a meaning in life. Logotherapy is an existential approach, but different from others. The "meaning" in which Frankl is interested is an individual's own and is unique to his situation at any given moment. It is ... something that each man must find for himself through his conscience.

Time, February 12, 1968

LOGOTHERAPY

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MARITAL THERAPY

The new approach to marriage therapy emphasizes the couple, not the therapist, as the center of communication in the triangle. The objective of this new approach is designed to (1) maximize inter-partner communication, and (2) leave the key role of listening to the therapist. The therapist accomplishes four steps during the early phase of therapy: (1) diagnostic assessment of the dyadic relationship, (2) recognition of the transference theme of the conflict, (3) confrontation of the patient with this theme, and (4) remission of the conflict. By treating the couple together, the therapist helps them to relate their transferences to earlier familial figures and helps them to gain insight into their personal struggle with themselves and each other.

Abstracted by G. Gentry from
Asya L. Kadis, "A new approach
to marital therapy" in The
International Journal of Social
Psychiatry, 1964

MARITAL THERAPY

PERIODICALS

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MORITA THERAPY

Morita therapy received its name from its originator, Shoma Morita, a Japanese psychiatrist. There are three important strategic points to be considered in the whole process of Morita therapy. They are:

(1) helping the patient to understand his own personality characteristics, (2) breaking up the intrapsychic focusing, and (3) resolving conflicting thoughts. The therapy is considered as an experience. Morita thinks that the neurotic nervousness is something exterior and close to the conscious or intellectual level. He emphasizes that the aim of therapy is to go beyond the intellectual and conscious understanding, though the therapist often uses suggestion and interpretation. When these methods do not bring the desired outcome, the therapist also uses persuasion and advice. He utilizes physical work (occupational therapy) along with his verbal therapy. In fact, physical work is a basic phase of Morita therapy. Thus suggestion, persuasion, and occupational therapy go hand in hand throughout the therapeutic process.

Ken Takeda, "Morita therapy"
in Journal of Religion & Health,
1964

MORITA THERAPY

PERIODICALS

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MUSIC THERAPY

Music is a form of social behavior. ... Pure music is an abstraction about emotion. ... Music is a symbolic emotional experience. Whatever understanding may secondarily accrue from music represents a kind of social-sharing of the experience - a being-in-harmony with others who sense its beauty. This ... may in part account for the success of music as therapy. The essential ingredient perhaps is the therapist's ability to tune in on his patient and to help him when he feels distressed.

Peter F. Ostwald, "Music and human emotions" in The Journal of Music Therapy, Sept. 1966

... since music is produced by and for people, it must also be regarded as a product of human behavior operating within a cultural context and in conjunction with all other facets of human behavior. ... the development of ethnomusicology to a considerable extent paralleled that of anthropology: both disciplines were forced to deal with all these areas at once - the anthropologist with the total cultures of the so-called 'primitive' peoples and the ethnomusicologist with total study of their music. Thus there arose in ethnomusicology a body of techniques and a system of analysis, which, while drawing upon studies of Western music, have taken some unique turns. ... The functions of music in any given culture tell much of the organization and processes of the culture at large and reference is made here not only to 'use' but to integrative function as well. Music operates for specific purposes in all cultures and analysis of these processes reveals much about both specific and general behavior.

Alan P. Merriam in The International Encyclopedia of the Social Sciences, 1968

MUSIC THERAPY

PERIODICALS

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PLAY THERAPY

Play therapy is based upon the fact that play is the child's natural medium of self-expression. It is an opportunity which is given to the child to 'play out' his feelings and problems just, as, in certain types of adult therapy, an individual 'talks out' his difficulties.

Play therapy may be directive in form - that is, the therapist may assume responsibility for guidance and interpretation, or it may be non-directive; the therapist may leave responsibility and direction to the child.

During a play-therapy experience, that sort of relationship is established between the therapist and the child that makes it possible for the child to reveal his real self to the therapist, and, having had it accepted - and, by that very acceptance, having grown a bit in self-confidence - he is more able to extend the frontiers of his personality expression.

Virginia Axline in Play Therapy,
1969

PLAY THERAPY

BOOKS

1. Axline, Virginia M. Play Therapy. New York: Balantyne Books, 1969, 374 p.

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1. Peck, M.L., and Stewart, R.H. "Current practices in selection criteria for group play-therapy." Journal of Clinical Psychology, 1964, 20(1), 146.

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PSYCHODRAMA

Psychodrama deals with the private personality of the patient and his catharsis, with the persons within his milieu and with the roles in which he and they have interacted in the past, in the present, and in which they may interact in the future. Techniques have been devised to bring the underlying spontaneous processes to expression. Psychodramatic work is usually best organized in a therapeutic theatre, but it may be carried out wherever the patient lives, if his problem requires it.

One of the techniques is that of self-presentation. The psychiatrist asks the patient to live through and portray or duplicate situations which are a part of his daily life, especially crucial conflicts in which he is involved. He must also enact and represent as concretely and as thoroughly as possible every person near to his problem. This may be done in collaboration with a partner or partners, either real or a person or persons functioning as substitutes - auxiliary egos.

Another technique of the psychodrama is that of soliloquy. Here a deeper level of the inter-personal world is brought to expression. It is used by the patient to duplicate hidden feelings and thoughts which he actually has or had in a situation with a partner in real life, but which he did not or does not express. Expression of these hidden feelings, in the psychodrama, has a cathartic value for the patient.

In the technique of spontaneous improvisation the patient acts in fictitious or symbolic roles which are carefully selected by the psychiatrist on the basis of the patient's problem. During the acts the patient reveals many elements of his private personality which offer an open target for analysis without the patient's awareness.

In the psychodrama on a non-semantic level, feeling complexes - the pantomime, the dance, music, and (apparently) the

nonsensical - are trained with therapeutic effects. An example is the technique of nonsensical expression where the patient is told to resist the emergence of verbal utterance and to produce sounds and words at random. The vowels and consonants are to be brought together into any possible combinations as they come to him spontaneously. This exercise has been useful in the training of patients with vocal defects.

In the case of patients with whom any sort of communication is reduced to a minimum, the psychodrama attempts to create an auxiliary world, or a world within which the patient functions. This may require the use of a staff of auxiliary egos who are to embody the psychotic world of the patient. In this manner the psychiatrist (through the auxiliary egos making up the auxiliary world) is able to "act with" the patient on the patient's spontaneous level.

Psychodramatic catharsis is a process which takes place between the actual partners in a problem or mental disturbance. Analysis before or after psychodramatic action may prepare a cathartic development, but the genuine phase of catharsis takes place in the course of the psychodrama itself. (Moreno, J.L. *Das Stegreif Theater*, Potsdam, Germany)

Psychiatric Dictionary,
Third edition
Hinsie and Campbel, 1960

PSYCHODRAMA

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REALITY THERAPY

This therapy has been called reality-oriented ego therapy. A more descriptive term would be "instantly applied, reality oriented, ego directed reinforcement of healthy, adaptive behavior." It is based on the principles that every human being has a core of intrinsic worth, which can be activated and made useful by reinforcing acceptable behavior and disciplining inappropriate actions.

Abstracted by J.A. Lücker from
"Instant therapy: A study of
group process at the Utah State
Hospital" by Reed S. Andrus in
Provo Papers, 1964

REALITY THERAPY

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REHABILITATION THERAPY

Rehabilitation therapy is the process of restoring an individual to a useful and constructive place in society through some form of vocational, correctional or therapeutic retraining.

Webster's Third New International
Dictionary, 1966

REHABILITATION THERAPY

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ROLE-PLAYING

Role-playing used for psychotherapeutic purposes as in psychodrama, and for training and practice in sociodrama, was developed by J.L. Moreno about 1920. It is an immediately useful technique in that it deals with actual interpersonal behavior, i.e., interaction. It can be used by therapists of any school of psychology, each working from his own frame of reference.

... Since Adlerian psychotherapy is largely re-education, role-playing can be instrumental within it by affording opportunities for practice and training as well as bringing about insight regarding one's own purposes, abilities and mistakes and those of others.

Role-playing in its various forms is ordinarily used in group psychotherapy, but it may be an effective technique in the individual interview, particularly with highly resisting and non-cooperative individuals.

... The patient may play his own double; he may attempt self-appraisal through some one else's role; the patient and the therapist may reverse their roles; they may take the roles of other significant persons; they may soliloquize in various roles; they may play trait personifications, or the patient may play roles through drawing cartoon figures with their thoughts and works written into thought and speech 'balloons'.

Nahum E. Shoobs, "Role-playing in the individual psychotherapy interview" in The Journal of Individual Psychology, 1964

ROLE PLAYING

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SOCIODRAMA

"Psychodrama has been defined as a deep action method dealing with inter-personal relations and private ideologies and sociodrama as a deep action method dealing with inter-group relations and collective ideologies." Every role has a private and a collective side; sociodrama roles represent collective ideas and experiences. Actors in sociodrama represent the group and bring the problems of the group to the stage. The purpose of sociodrama is twofold, to explore and to treat inter-group relations. Two sociodramatic methods have been tried: the dramatized newspaper and dramatization of group conflict situations actually experienced by participants. Spontaneity of acting on the part of the subjects is essential. The director plans for a sociodrama, first, by gathering factual information and communicating this to a staff of auxiliary egos, and second, by training auxiliary egos to eliminate their cultural biases. At the actual performance, roles are assigned by the director to members of the group; the auxiliary egos may or may not be used. Records of various sorts are made of developments. The treatment value lies in the process of catharsis.

Abstracted by G.R. Thorton
from J.L. Moreno in
Psychological Abstracts,
Sept. 1944

SOCIODRAMA

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Ackerman, N.W.	39	40		Bandura, A.	14	15	
Adams, H.B.	103			Banks, G.	92		
Adams, J.S.	91			Barnum, M.C.	53		
Adler, J.	79			Barr, A.S.	92		
Affleck, D.C.	115			Barry, E.	108		
Agler, C.F.	74			Barten, H.H.	19	20	
Aiken, E.G.	103			Barton, R.	79		
Ajmal, M.	6			Basecu, S.	37		
Al-Issa, I.	17	59		Bassin, A.	55		
Allen, M.H.	40			Battegay, R.	49		
Allerton, W.S.	98			Behrens, M.L.	40		
Allport, G.W.	114			Beisser, A.R.	92		
Altus, W.D.	40			Bell, J.E.	40	65	
Ambrosino, S.	40			Bennett, C.C.	92		
Anant, S.S.	12	13		Berenson, B.G.	92	116	
Anderson, L.V.	103			Bergreen, S.W.	94	115	
Andrews, E.E.	49			Berlin, I.N.	92		
Andrews, J.D.	15			Berlin, L.	55		
Andrus, R.S.	49	76	77	Bernard, H.W.	113		
Annis, A.P.	91			Bernard, S.E.	92		
Arbuckle, D.S.	91	113	114	Berzon, B.	49		
Arieti, S.	91			Biddle, E.H.	109		
Armstrong, R.G.	49			Bieber, T.	92		
Arnold, M.B.	4			Bijou, S.W.	16	45	
Aron, J.E.	105			Birdwhistell, R.L.	92		
Aronson, M.L.	25	26	49	Bishop, P.F.	106		
	60	61		Blake, B.G.	15		
Arten, H.H.	20			Blanche, B.P.	91	113	
Arthur, A.Z.	15			Bloyer, R.O.	49		
Asch, S.	46			Boden, F.K.	95		
Ashbrook, J.B.	91			Boe, E.E.	50		
Assagioli, R.	113			Boenheim, C.	9		
Asuni, T.	49			Bolda, R.A.	84		
Auld	33			Bonney, W.C.	50		
Axline, V.M.	70	71		Boone, J.N.	9		
				Bordin, E.S.	103		
Backman, O.W.	114			Borgatta, E.J.	92		
Badri, M.B.	15			Borghini, J.H.	92		
Bailey, M.A.	99			Boszormenyi-Nagy, I.	23	28	40
Bakan, D.	91			Boudwin, J.W.	41		
Baker, H.L.	103			Bowen, M.	40		
Balint, E.	65			Bowen, N.V.	109		
Balkanyi, C.	6			Bowman, T.	96		
				Boy, A.V.	23	97	

Boyd, R.W.	106	Chapanis, A.	93
Braaten, L.J.	23	Chapel, J.L.	15
Brady, J.P.	6	Charney, I.W.	26 40
Brandt, L.W.	97	Chase, M.	32
Brayfield, A.H.	92	Chase, P.	74
Bressenden, A.	52	Chestnut, W.J.	50
Bridge, F.S.	50	Cheyney, A.B.	93
Brill, N.Q.	20	Chickering, A.W.	93
Brind, A.B.	74	Chorost, S.B.	109
Brind, N.B.	74	Christmas, J.J.	50
Brison, D.W.	92	Christrup, H.J.	31 32
Brody, M.W.	6	Clark, J.B.	50
Brolly, M.H.	107	Cleland, R.S.	50
Brown, D.G.	92 114	Cody, J.	69
Brown, J.	54	Cohen, J.	109
Brown, J.E.	81	Cohen, M.E.	79
Brown, J.M.	50	Colbert, J.	69
Brown, S.I.	92	Cole, C.W.	50
Brundidge, A.D.	79	Cole, J.K.	93
Bryant, E.C.	93	Collins, D.	79
Buchan, G.	75	Cook, E.L.	50
Buchheimer, A.	113 119	Cooke, G.	104
Bugental, J.F.	38 114	Cooper, G.D.	103
Buhler, C.	93 114	Cooper, M.	93
Burchinal, L.G.	93	Corey, D.Q.	23 114
Burns, N.M.	93	Cornyetz, P.	6
Burton, A.	113	Coulson, W.R.	23
Bush, M.	9	Crandell, J.M.	79
Butler, J.	22	Crary, R.W.	93
Butler, M.J.	103	Crawford, F.R.	93
		Crisp, A.H.	15
Cabrera de Cancela, M.C.	97	Crockett, N.D.	10 11
Cahoon, D.D.	103	Culbert, S.A.	50
Caine, T.M.	103	Cullen, L.F.	114
Cameron, D.E.	114	Curry, A.E.	40
Campbel	73		
Campbell, D.P.	93	Daniels, A.C.	50
Campbell, J.H.	79 93 103	Daniels, D.N.	79
Carkhuff, R.R.	50 92 116	Daniels, J.L.	94
Carnes, G.D.	50	Davies, I.J.	41 51
Carson, R.C.	114	Davison, G.C.	15 119
Catanzaro, R.J.	74 79	Dawis, R.W.	82
Cautela, J.R.	15 59	de Oliviera, W.I.	6 51
Chambliss, R.	38	Deane, W.N.	74 86
Champernowne, H.I.	6 50	Debaca, P.C.	17

Deutsch, M.	99			Ferone, L.	54		
Devine, J.V.	17			Fierman, L.B.	113		
Devis, D.A.	94			Fink, P.J.	9		
Dickenson, W.A.	51			Finney, B.C.	10	11	
Dilley, J.S.	94	115		Fischer, R.J.	107		
Dinoff, M.	17			Fisher, K.A.	115		
Dixon, F.S.	16			Fishman, R.	51		
Dolliver, R.H.	115			Fitts, W.H.	91	113	
Donaldson, J.F.	81			Fleck, S.	41		
Doongaji, D.R.	98			Fleischl, M.F.	51		
Dozier, G.	104			Ford, S.	94		
Dreiblatt, I.S.	20			Forester, R.A.	94		
Dreyfus, E.A.	38	115		Forgy, E.A.	20		
Drucker, M.	75			Fox, R.	51	59	79
Duke, J.D.	104				94		
Duncan, J.A.	20	51		Frahm, P.H.	94		
Dundas, J.	79			Frank, J.D.	21	29	48
Durkin, H.E.	49	51		Frankl, V.E.	62	63	
				Franks, C.M.	113		
Ederer, F.	94			Franzoni, M.D.	10		
Edwards, G.	51			Freeman, D.R.	11	51	65
Eggertsen, P.F.	94			Fried, R.	94		
Ehrenwald, J.	91	113		Friedman, A.S.	40		
Eisenman, R.	51			Friedman, M.	94		
Ellenson, G.	41	51		Fullmer, D.W.	113		
Ellick, E.	98						
Ellingwood, C.	108			Gardner, I.	93		
Ellis, A.	23			Garfield, S.L.	115		
Ellis, W.D.	47			Garneski, T.M.	104		
Emerson, R.	52			Gee, A.S.	65		
Emery, J.R.	16			Gehrke, S.	28	41	
Enachescu, C.	9			Gelder, H.G.	17		
England, G.W.	82			Gelder, M.G.	16		
Engstrom, F.H.	81			Gelfand, B.	79		
Ennis, B.	11	28	30	Geller, M.H.	106		
	65			Gellman, W.	79		
Epstein, L.J.	20			George, C.E.	57		
Eysenck, H.J.	16			Gerrard, R.	113		
				Gerz, H.O.	63		
Farnham, B.	74			Gibson, R.L.	49	61	113
Farquhar, W.W.	99	119		Gilbreath, S.H.	51		
Farragher, M.E.	115			Gillman, R.D.	6	20	
Feinstein, H.M.	115			Gilmore, J.V.	45		
Feldman, M.J.	13	28	41	Gittleman, M.	104		
Ferebee, E.E.	94			Glass, M.	51		

Glasser, W.	77			Hacker, F.J.	94	115	
Gleser, G.	52			Hallberg, E.T.	104		
Gluck, S.	94			Hallowitz, E.	79		
Gocka, E.F.	50			Hallstein, E.A.	16		
Godenne, G.D.	115			Hammer, E.F.	115		
Goebel, M.E.	104			Hamrin, S.A.	91	113	
Goin, M.K.	104			Handy, L.C.	98		
Golden, J.S.	104			Hanley, F.W.	41	61	95
Goldfarb, A.I.	57			Harms, E.	113		
Goldfried, M.R.	104			Harrison, J.N.	105		
Goldiamond, I.	51			Hartlage, L.C.	95		
Goldman, M.	93	109		Harvey, O.J.	115		
Goldman, M.J.	9			Harway, N.I.	95		
Goldstein, H.	115			Hassol, L.	81		
Goldstein, K.M.	109			Hawker, A.	51		
Goodkin, R.	16			Hawkins, R.P.	16	45	
Goodman, J.S.	119			Hawkins, V.S.	105		
Goodman, M.	52			Hecht, R.M.	105		
Goodman, P.	47			Heetderks, J.A.	105		
Goodwin, M.H.	65			Hefferline, R.F.	47		
Goorney, A.B.	13			Henderson, N.B.	52	65	
Gordon, S.	52			Henle, M.	47		
Gotlieb, A.A.	20			Hensman, C.	51		
Gottesfeld, H.	104			Herz, M.I.	99		
Gottlieb, A.A.	35			Heuscher, J.E.	36	38	
Gottschalk, L.A.	20	35		Heyder, D.W.	95		
Gould, R.E.	104			Heyman, M.M.	95		
Gradolph, P.C.	104			Higgins, R.E.	49	61	113
Gralnick, A.	42			Hinsie	73		
Green, R.	28	41	53	Hobart, C.W.	95		
	108			Hodgman, E.	80		
Greenberg, H.R.	94			Hoek, A.	27	28	29
Greenberg, I.	74	86			30	52	65
Greenblatt, M.	94			Hoening, J.	16		
Greer, J.H.	16			Hoffman, L.	28	41	74
Grinker, R.R.	6	11			86		
Grossberg, J.M.	16			Hogan, R.A.	20		
Grosser, G.H.	41			Holder, T.	116		
Grossman, D.	115			Holmes, J.S.	52		
Grosz, H.J.	52	56		Homme, L.E.	17		
Grumbine, C.	71			Horney, K.	6		
Guerney, B.	44	45	115	Hoyt, D.P.	103		
				Huckins, W.C.	43		
				Hucklow, M.	52		
				Hulbeck, C.R.	6		

Humiston, K.E.	41			Kelley, H.H.	105		
Humphreys, J.A.	113			Kellner, A.D.	95		
Huxley, A.	95			Kemp, C.G.	57		
Igersheimer, W.W.	55			Kemp, D.E.	105		
Ikeda, Y.	67			Kennedy, D.R.	53		
Ikef, H.P.	95			Kestenberg, E.	6		
Illing, H.	94	115		Kiesler, C.A.	53		
Imber, S.D.	21			Kilburn, K.I.	80		
Isnor, C.	53			King, D.C.	108		
Ivanov, N.V.	52			Kirchner, J.H.	20		
Jackson, M.	52			Kirschenbaum, M.	28	41	
Jaffe, J.R.	18			Klapman, H.	106		
Jellison, J.M.	96			Klein, D.C.	95		
Jensen, S.E.	95			Klein, M.H.	108		
Jessell, J.C.	45	95		Knights, W.A.	47		
Johnsgard, K.W.	52			Knox, W.	54		
Johnson, D.L.	105			Koegler, R.R.	20		
Johnson, F.	81			Koffka, K.	47		
Johnson, J.A.	80			Kogan, W.S.	50	53	
Johnson, R.W.	105	116		Koplovitz, R.	80		
Jones, A.	105			Kornfeld, M.	95		
Jones, M.	52			Kornrich, M.	116		
Jones, V.	105			Kouretas, D.	96		
Joshi, P.	95			Kovaks, A.L.	116		
Kadis, A.L.	28	64	65	Kraft, T.	17	59	
Kadushin, A.	95			Kranzler, G.D.	109		
Kadushin, C.	3			Krasner, L.	17		
Kakkar, S.B.	13			Krause, R.	32		
Kanfer, F.H.	84	116		Krieger, M.H.	53		
Kantor, R.E.	28	41	74	Krueger, A.H.	23		
Kaplan, S.R.	118			Krumboltz, J.D.	15	16	17
Kapp, F.T.	52			Kwiatkowska, H.Y.	118	119	
Karst, T.	107				8	9	41
Kashdan, B.	52			Lafave, H.G.	79		
Kasius, C.	1				29		
Kassan, M.	52			Lakin	20		
Kassarjian, H.H.	105			Land, E.C.	61		
Kassarjian, W.M.	105			Landfield, A.W.	97	117	
Katz, D.	105			Landreth, G.L.	53		
Katz, L.	80			Lang, P.J.	17	106	
Kay, B.R.	116			Langland, L.	119		
				Lanyon, R.I.	116		
				Larsen, V.B.	54		
				Lawshe, C.H.	84		
				Laxer, R.M.	53		

Lazarus, A.A.	17		Magnussen, M.G.	93	
Lazovik, A.D.	17	106	Magoon, T.M.	103	116
Lefer, J.	41		Maholick, L.T.	81	
Leib, J.W.	53		Mahoney, V.P.	6	
Lemkau, P.V.	96		Malan, D.H.	20	
Lepson, D.S.	105		Mandel, N.G.	41	104
Leventhal, T.	116		Margolin, R.J.	98	
Levick, M.	9		Margoshes, A.	6	
Levine, R.A.	40		Marie, C.	116	
Levinson, B.M.	96		Marks, I.M.	13	16 17
Levis, D.J.	18		Marks, M.	52	
Levy, L.	114		Maroney, K.A.	56	
Levy, P.	110		Marston, A.R.	117	
Levy, R.A.	20		Marti-Tusquets, J.L.	53	
Levy, W.H.	116		Martin, D.V.	106	
Lewin, K.K.	20		Maslow, A.H.	117	
Lewis, E.	6	50	Masters, Y.J.	42	
Lichter, S.J.	53	61	Mathieu, P.L.	108	
Lieberman, M.A.	56		May, R.	37	
Liederman, P.C.	53		Mayerson, P.	20	35
Liederman, V.R.	53		McDaniel, J.R.	81	
Lilienfeld, D.M.	106		McDavid, J.W.	54	
Limentani, A.	116		McGee, T.F.	54	
Lincoln, G.	30	42	McGowan, J.F.	114	
Lindsay, J.S.	96		McManus, B.J.	77	
Lipinski, B.G.	106		McNair, D.M.	106	116
Lipinski, E.	106		Meany, J.O.	38	
Lirtzman, S.	105		Medina, G.S.	54	74
Litt, S.	6		Mendel, W.M.	117	
Lofquist, L.H.	82		Mendelsohn, G.A.	106	
Lomont, J.F.	17		Merriam, A.P.	68	
Lorr, M.	53	106 116	Mettel, T.	107	
Loughary, J.W.	91	120	Mezei, L.	107	
Lubin, A.W.	53		Messano, J.	54	
Lubin, B.	53		Michael, J.M.	96	117
Luchins, A.S.	106		Michaux, W.W.	96	
Luchins, E.H.	106		Miklich, D.R.	117	
			Miller, I.	7	
Mabel, S.	106		Miller, M.	5	7
Machac, M.	96		Miller, P.R.	54	
Macht, L.B.	9		Mills, D.H.	96	
Mack, J.E.	53		Mills, J.	96	
MacKay, J.	21		Minge, M.R.	96	
MacLennan, B.W.	30		Mitchell, L.E.	56	
Maddocks, P.D.	53		Mitchell, W.E.	2	3

Moll, P.P.	53			Otto, H.A.	41	54
Moreno, J.	74			Ourth, L.	97	117
Moreno, J.L.	74	85	86			
Moreno, Z.T.	74	75		Pacella, B.L.	97	
Morino, I.	106			Pancratz, L.D.	75	
Mowrer, O.H.	49			Papanek, H.	54	
Mudd, E.H.	65			Park, D.	95	
Muench, G.A.	21	52	107	Parke, R.D.	109	
Muffly, R.	115			Parker, W.H.	103	
Multari, G.	95			Patterson, C.H.	117	
Munger, P.F.	109			Patterson, L.E.	97	
Munro, A.B.	106			Patton, M.J.	107	
Munzer, J.	54			Paul, L.	7	23 11
Murray, D.C.	54			Paul, N.L.	41	
Myers, S.J.	82	120		Peck, H.B.	118	
				Peck, M.L.	54	71
Naruse, G.	59			Penn, N.E.	107	
Nash, E.L.	107			Pepinsky, H.B.	107	108
Nathan, P.E.	117			Perkins, C.W.	107	
Neleson, L.	80			Perls, F.	47	
Nelson, B.	84			Perris, C.	80	
Nelson, N.	80			Persons, R.W.	107	110
Nelson, R.C.	96			Peterson, R.F.	16	
Nichols, W.C.	117			Peterson, R.J.	45	
Norman, W.T.	103			Phillips, E.	20	
Normand, W.C.	42			Pierce, J.R.	114	
North, R.D.	113			Pine, G.J.	23	97
Nunn, W.E.	41			Pinsky, S.	80	
Nunokawa, W.D.	23			Pohlman, E.	118	
Nussbaum, K.	96			Pollack, C.C.	97	
Nydes, J.	117			Popescu, S.M.	97	
				Porter, R.M.	97	
O'Neil, W.M.	107	117		Post, J.	61	97
Oelke, M.C.	54			Pottharst, K.E.	120	
Oetting, E.R.	117			Prager, D.	34	
Ohlsen, M.M.	54			Pronko, N.H.	19	
Okasha, A.	96					
Olmsted, D.W.	54			Quarter, J.	53	
Olshansky, S.	80	96		Quintela de Bajac, R.L.		97
Olson, C.M.	81					
Opler, C.F.	38			Rabiner, C.J.	75	
Ortman, H.L.	75			Rachman, S.	17	
Ortmeyer, D.	109			Rainer, J.D.	80	
Oshea, J.J.	107			Rangell, L.	7	
Ostwald, P.F.	68	69		Rauke, F.L.	59	

Rawls, J.R.	9			Salenger, S.E.	81		
Raymond, M.J.	12	13		Salter, A.	15		
Reding, G.R.	11	28	30	Salzberg, H.C.	55		
	65			Sanderson, R.E.	80		
Reed, G.F.	16			Sarro, R.	75		
Refsnes, C.C.	9			Scheidlinger, S.	55		
Regan, P.F.	21			Schengber, J.	56	109	
Reyna, L.J.	15			Schmidt, L.D.	108	114	
Reynolds, D.J.	17	106		Schoeninger, D.W.	108		
Rice, V.S.	97			Schonbar, R.A.	118		
Rickard, H.C.	17			Schreck, T.C.	118		
Rickert, E.J.	17			Schreiber, P.	113		
Ricks, D.F.	97			Schultz, D.P.	108		
Riess, B.F.	97			Schwartz, A.C.	81		
Riessman, F.	84			Schwebel, M.	81		
Ring, K.	105			Schween, P.H.	42		
Riskin, J.	42			Schweid, E.	16	45	
Robbins, D.B.	55			Secord, P.F.	114		
Robertson, M.H.	103			Seeman, J.	108		
Robertson, R.J.	97			Seguin, C.A.	114		
Robison, D.	69	118		Seidenfeld, M.A.	81		
Rockberger, H.	52			Seifried, S.F.	56	109	
Rodger, A.	107			Severinghaus, E.C.	55		
Rogers, C.R.	23	24	118	Shafar, S.	18		
Rokeach, M.	107			Shakow, D.	7		
Rollins, G.W.	93			Shamsie, S.J.	98		
Roman, M.	118			Shapiro, D.S.	81		
Ronald, R.E.	42			Shapiro, J.H.	81		
Rosen, A.	118			Shapiro, S.B.	118		
Rosen, E.	32			Shear, H.J.	118		
Rosenbaum, C.P.	21	93	103	Sheldon, A.	98		
Rosenblum, G.	81			Shepherd, R.E.	108		
Rosenfeld, H.M.	106			Sher, N.	97		
Rosenthal, H.	34	35		Sherman, M.H.	7		
Rosenthal, R.	107			Sherman, R.	81		
Roth, I.	106			Shoobs, N.E.	61	83	84
Roth, L.	55			Siegel, B.	104		
Rothney, J.W.	45	95	98	Siirala, M.	118		
Rubenstein, L.	114			Silver, R.J.	104		
Ryan, R.P.	108			Silverburg, S.	80		
Ryan, T.A.	118	120		Silverman, H.L.	118		
Ryterband, E.C.	108			Silverstein, M.	81		
				Singer, E.	113		
Sacks, J.M.	75			Siroka, R.	75	86	
Sager, C.J.	26	42		Skager, R.	110		

Skeels, H.M.	110			Stover, L.	24	45
Slavson, S.R.	7	49	55	Striner, H.E.	98	
	77			Sullivan, B.A.	109	
Slawson, P.F.	75			Summo, A.J.	59	
Smail, D.J.	103			Sutherland, R.L.	93	
Smith, A.B.	55			Swedner, H.	109	
Smith, C.R.	108			Szrynski, V.	45	
Smith, J.E.	36					
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Snyder, W.U.	53			Takeda, K.	66	67
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Sommers, V.S.	108			Taylor, A.J.	56	
Sonne, J.C.	30	42		Taylor, J.E.	110	
Sonstegard, M.A.	57	120		Teicher, J.D.	81	
Sorrells, J.M.	11			Teigland, J.J.	109	
Southard, C.G.	93			Tenenbaum, S.	119	
Southworth, R.S.	55			This, B.	9	
Spear, F.G.	108			Thompson, A.	98	107
Sperber, Z.	21	42		Thompson, A.S.	119	
Speroff, B.J.	75			Thoresen, C.E.	15	119
Spiegel, D.E.	21	42		Tichener, J.L.	65	
Spivack, M.D.	98			Tiedeman, D.V.	98	119
Stafford, W.B.	108			Tiffany, W.J.	98	
Stampfl, T.G.	18			Topel, S.I.	42	
Stander, R.J.	116			Traxler, A.E.	113	
Stanton, B.A.	5			Troth, W.A.	109	
Stass, J.W.	98			Truax, C.B.	50	51
Stauffer, E.	55			Tyson, H.A.	75	
Stearns, R.P.	116					
Stein	33			Ulman, E.	8	9
Stein, A.	26	55		Unterberger, H.	80	96
Stein, E.	80			Urie, R.M.	98	
Steinhorst, R.	17					
Stern, H.	52	56		Vahia, N.S.	98	
Stevens, J.O.	47			Van der Sterren, H.A.	7	
Stevenson, B.	98			Van Dusen, W.	119	
Stevenson, I.	108			Vernon, P.E.	107	
Stewart, R.H.	54	71		Vinekar, S.L.	98	
Stigall, T.T.	108			Volsky, T.	103	
Stollak, G.E.	115			Von Klock, K.B.	56	61
Stoller, F.H.	56					
Stomer, G.E.	57			Wagner, M.K.	56	
Stone, A.R.	21			Walker, D.L.	81	98
Stone, W.N.	56	109		Walker, W.L.	56	99
Stotsky, B.A.	98			Wallach, M.S.	109	

Wallerstein, R.S.	7			Wolpe, J.	15		
Walters, R.H.	109			Wright, C.S.	52		
Ward, A.J.	109	119		Wright, F.H.	81		
Warne, N.	95			Wykert, J.	110		
Warshaw, L.	99						
Warshay, L.H.	109			Young, H.H.	106		
Watley, D.J.	99			Young, R.	41	51	
Watzlawick, P.	42						
Weatherley, D.	20			Zalba, S.R.	42	99	
Weinberg, C.	110			Zaslove, M.	18		
Weinberg, N.H.	18			Zelman, A.B.	79		
Weinberger, G.	116			Zentner, E.B.	99		
Weiner, H.B.	56	75		Zuk, G.H.	42		
Weiner, L.	42			Zwetsche, E.T.	43		
Weiss, D.J.	82						
Weissman, J.	80						
Weitzman, B.	18						
Welch, L.	94						
Welkowitz, J.	109						
Weller, J.E.	91						
Wender, L.	56						
Wessman, A.E.	97						
Westerval, E.M.	100	120					
Whitaker, C.A.	42						
Whitaker, D.S.	56						
Whittington, H.G.	91						
Wilcox, P.R.	99						
Wildem, P.	119						
Wilensky, H.	99						
Williams, L.	108						
Williamson, E.G.	119						
Williamson, V.	51						
Willis, F.N.	98						
Willis, R.H.	108						
Wilner, D.N.	20						
Wilson, R.	99						
Winborn, B.	56						
Winget, J.A.	52						
Winkler, R.C.	109						
Wogan, M.	11						
Wolfe, L.A.	57	75					
Wolff, H.H.	16						
Wolk, R.W.	57						
Wollerstein, S.	28						
Wollstein, S.	27	28	29				
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